



Psychology

Revision notes 5.1

Three disorders

Table 1 Symptoms of phobias, major depressive disorder and anorexia nervosa

	Affective	Behavioural	Cognitive	Somatic
Phobia	<ul style="list-style-type: none"> feelings of terror 	<ul style="list-style-type: none"> avoidance of phobic object crying, freezing (in children) 	<ul style="list-style-type: none"> thoughts about losing control expectation of fainting or vomiting thoughts/ expectations relating to impending death 	<ul style="list-style-type: none"> light-headedness breathing trouble sweating
Major depressive Disorder	<ul style="list-style-type: none"> depressed mood sadness emptiness guilt loss of enjoyment 	<ul style="list-style-type: none"> psychomotor agitation (movement is faster) psychomotor retardation (movement is slower) fatigue, loss of energy 	<ul style="list-style-type: none"> trouble thinking or concentrating thoughts of worthlessness thoughts of guilt thoughts about/plans for suicide negative thoughts about self and the future 	<ul style="list-style-type: none"> weight loss weight gain pain, headaches, stomach upsets
Anorexia nervosa	<ul style="list-style-type: none"> fear of gaining weight dissatisfaction with body shape 	<ul style="list-style-type: none"> denial of seriousness of weight loss refusal to eat eating rituals (e.g. cutting food into small pieces) binge-eating use of laxatives, diuretics or enemas (more common with bulimia than anorexia) 	<ul style="list-style-type: none"> obsessive thoughts about weight loss, food or fat misperception of body size or shape 	<ul style="list-style-type: none"> weight loss failure to make expected weight gains absence of menstruation

Note: With further research, you might like to add to this table.



Psychology

Table 2 Typical treatments and some strengths and limitations

	Biomedical	Individual	Group
Phobia	<ul style="list-style-type: none"> • benzodiazepines (e.g. alprazolam, midazolam) to enhance effectiveness of GABA • SSRIs (e.g. paroxetine) • sedatives (e.g. nitrous oxide) 	<ul style="list-style-type: none"> • systematic desensitization • in vivo exposure • virtual reality therapy • cognitive therapy to restructure irrational or exaggerated thoughts 	<ul style="list-style-type: none"> • group systematic desensitization • group cognitive behaviour therapy
Major depressive disorder	<ul style="list-style-type: none"> • SSRIs (e.g. Prozac) • electroconvulsive therapy 	<ul style="list-style-type: none"> • cognitive-behaviour therapy (CBT) • interpersonal therapy 	<ul style="list-style-type: none"> • group CBT
Anorexia nervosa	<ul style="list-style-type: none"> • SSRIs • feeding through a drip 	<ul style="list-style-type: none"> • CBT • family therapy with focus on individual patient • token economy 	<ul style="list-style-type: none"> • group CBT • family therapy with focus on improving communication
Typical strengths and limitations	<ul style="list-style-type: none"> • medication tends to have significant side-effects (e.g. drowsiness and sexual difficulties) and can be addictive • medication tends to mask the symptoms rather than treat the cause • short-term medical treatments can be effective to prevent phobic reactions in a specific situation and to reduce immediate risk of suicide in depressed patients 	<ul style="list-style-type: none"> • individual psychotherapy usually tries to address the cause of the problem • CBT tends to have better long-term outcomes than medication and improves a person's self-efficacy without the side-effects of medication • many of the advances made under the care of medical personnel can be easily undone without institutional support at home 	<ul style="list-style-type: none"> • groups provide models of behaviour and demonstrate how progress is within a person's reach • failure to make progress in a group can be even more demoralizing and damaging to self-efficacy • drop-out is common because of personality clashes; some people do better in groups than others • anorexia treatment groups sometimes inadvertently or deliberately share strategies to avoid weight gain

Note: You might like to add the names of researchers who provided relevant empirical evidence for effectiveness.